



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0015

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$176643198
Outpatient Patient Service Revenue	\$276569274
Total Gross Patient Service Revenue	\$453212472

#### 2. Deductions From Revenue

Contractual Allowance	\$246949392
Other Deductions	\$29155682
Total Deductions	\$276105074

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$177107399
Other Operating Revenue	\$14080856
Total Operating Revenue	\$191188255

#### 4. Operating Expenses

Salaries and Wages	\$69565602	Employee Benefits	\$20404682
Depreciation and Amortization	\$10207248	Interest Expense	\$3865246
Bad Debt	\$9296277	Other Expenses	\$84804294
Total Operating Expenses	\$198143349		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6816412	Total Assets	\$158408723
Net Non-operating Gains over Loss	\$19731337	Total Liabilities	\$158408723
Total Net Gains	\$12914925		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$182757568	\$143421616	\$39335952
Medicaid	\$78288781	\$44972136	\$33316645
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$192166123	\$87711322	\$104454801
Total	\$453212472	\$276105074	\$177107398

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$48583	\$-48583

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$129	\$-129
Hospital Patients	\$0	\$0	\$0
Community Education	\$840	\$3472928	\$-3472088

Number of Medical Professionals Trained	244
Number of Hospital Patients Educated	1288
Number of Citizens Exposed to Health Education Messages	11507

### Statement Six: Charity Statement

Hospital Charity Charges	\$23904711
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8480918	
HCI Payments	\$0		
Subtotal	\$0	\$8480918	\$-8480918
Medicaid Shortfalls	\$0	\$13706624	
Subtotal	\$0	\$22187542	\$-22187542
DSH Payments	\$1,519,161		
Subtotal	\$1519161	\$22187542	\$-20668381
Medicare Shortfalls	\$0	\$27088253	
Other Government Programs	\$0	\$0	
Total	\$1519161	\$49275795	\$-47756634

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11471808	\$17266576	\$-5794768
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0